



**Secretary of State  
Statement of Information  
(Limited Liability Company)**

29

LLC-12

16-764930

**FILED**  
Secretary of State  
State of California  
SEP 15 2016

**IMPORTANT — Read instructions before completing this form.**

**Filing Fee - \$20.00**

**Copy Fees** — Face Page \$1.00 & .50 for each attachment page;  
**Certification Fee - \$5.00**

This Space For Office Use Only

**1. Limited Liability Company Name**

Idea Bits

See Secretary of State's  
records for exact entity name.

**2. 12-Digit Secretary of State File Number**

201030210197

**3. State or Place of Organization** (only if formed outside of California)

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box

19749 Dearborn St

City (no abbreviations)

Chatsworth

State

CA

Zip Code

91311

b. Mailing Address of LLC, if different than item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b

Lauris

Middle Name

Last Name

Liberts

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

4413 Grimes Pl

City (no abbreviations)

Encino

State

CA

Zip Code

91316

**6. Agent for Service of Process**

**Item 6a and 6b:** If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b

Registered Agents Inc

C 3365816

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company

Manufacturing and wholesale of printed materials. NAICS code (323113).

**8. Chief Executive Officer, if elected or appointed**

a. First Name

Lauris

Middle Name

Last Name

Liberts

Suffix

b. Address

4413 Grimes Pl.

City (no abbreviations)

Encino

State

CA

Zip Code

91316

**9. The Information contained herein, including any attachments, is true and correct.**

09/09/2016

Date

Zane Levs

Type or Print Name of Person Completing the Form

COO

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip: